

Chapter 15

Forms, Resources and Samples

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Visual Assessment Worksheet

Property Sketch

Sample Form for Communicating With Health Care Provider

Health Department Letterhead

Date: _____

To: _____
(Name)

(Address)

From: _____

Phone: _____

Child's Name: _____

DOB: _____ Sex: _____

Address: _____

Parent/Guardian: _____

Phone: _____

Reason for Referral:

This child has an elevated blood lead level, documented by a ____ capillary or ____ venous blood lead level (BLL) of _____ $\mu\text{g}/\text{dL}$ drawn on _____. According to standard protocols established by the American Academy of Pediatrics, the following evaluations and tests are recommended:

Diagnostic Venous BLL _____

Erythrocyte Protoporphyrin _____

Physical Examination _____

Nutritional Assessment _____

Hemoglobin _____

Determine Iron Status _____

Developmental Assessment _____

Referral(s):

Schedule for
venous follow-up
BLLs:

BLL = 10-14 $\mu\text{g}/\text{dL}$
15-19 $\mu\text{g}/\text{dL}$
20-44 $\mu\text{g}/\text{dL}$
Chelation

Every 3 months
Every 2 months
1-2 month intervals
Follow drug protocols

Please forward the results of these evaluations/tests to me at the health department. If any of these tests (except the venous blood lead level) have been performed within the last 3 months, those results can be sent.

Public Health Actions:

Per health department protocol, the following actions on behalf of this child have been taken:

Telephone Call to family _____

Education materials sent to family _____

Home visit _____ Results enclosed _____

Environmental Investigation _____ Results enclosed _____

Referral to WIC _____

Referral(s):

If you have any questions about public health actions on behalf of this child and family, please do not hesitate to call.

